

Tape #6 - Side A

Dr. Michael E. DeBakey

With Don Schanche

Pierre Hotel, N. Y.

6/15/72

DR. DeBAKEY: You want to take your coat off?

SCHANCHE: Yeah.

DR. DeBAKEY: Here, I'll hang it up for you.

SCHANCHE: We left you in Washington.

DR. DeBAKEY: Was this when? During the war?

SCHANCHE: During the war and you really had just begun your work with the Surgeon General. Then you told me that the story of your near court martial from your dispute with the Army surgeon in Europe. That was the conclusion.

DR. DeBAKEY: Yeah. Yeah. I did..

SCHANCHE: But what we were getting at that time you were illustrating some of the problems you had as a Surgeon General's officer and what we were getting at was sort of that your.. The theme of it at any rate to me was your beginning to learn the inside ropes of how government operates.

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DR. DeDEBAKEY: Yeah. And my awareness, so to speak. Well, that's true. Of course, you see, my role there became rather varied, even though I was assigned to the Surgeon General's office and to the Surgical Consultant's Division when I first got up there under Fred Rankin who is the Surgical Consultant and in a sense head of all the surgery for the Surgeon General. After I got there they gave me additional duties.

SCHANCHE: Rankin was a brigadier general.

DR. DeBAKEY: Yeah. That's right. And they gave me additional duties which included for example the kind..a sort of editorship of the Army Medical Journal. And so I became a kind of censor, not..even though I was really assuming duties as editor because I had the job of determining what articles would be published by the people who were submitting them from the field.

SCHANCHE: Someone else was normally the editor.

DR. DeBAKEY: Yes. But I was the one that really determined whether they would be published or not. And there were many articles, of course, that were out of my field completely.

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DR. DeBAKEY: You know, there were articles on epidemiology and internal medicine and medical problems. So I used to have to farm them out to the other divisions and the other consultants. And then I also had the job of coordinating the.. some of the articles that were published in the confidential journal called Health, which was primarily for the service. And the man under whom this particular publication came. This was assigned to a man under..who the..an adjutant general..in the adjutant general's staff in the S.O.S. division of the Army. This was really the supply division. Of course, the medical service came under supplies. Sommerville was the head of that.

SCHANKE: What does S. O. S. stand for?

DR. DeBAKEY: Uh..

SCHANKE: Supply and something services?

DR. DeBAKEY: Yeah, I'm trying to remember.

SCHANKE: It's not important. I can look it up.

DR. DeBAKEY: Yeah. I've forgotten that. Used to know that. It's been so long since I remembered it...used the term. And

DR. DeBAKEY: this man was a lawyer who had been at one time chairman of the board of the Long Island Medical College. And he was from New York and lived on Long Island and took an active role in these activities. And he was closely associated with Herbert Hoover at one time and was one of Hoover's so called "boys" that worked for him, you know. He had a number of these people. And I'm telling you this so as to have you understand my connection with, for example, the Hoover Commission.

SCHANKE: Right.

DR. DeBAKEY: You see? Well, I got to know him very well and he got to know me well because I had to relate to him on a number of these activities in the supply thing. Then..He was then assigned to the Surgeon General's office by Sommerville because of the..some of the problems that developed in the supply of material in medical supplies. There was beginning to be a log jam and we were building up the Army medical services rapidly. And they weren't really prepared to meet those needs.

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SCHANKE: You mean you're not sufficiently equipped. You had the doctors but you didn't have the equipment.

DR. DeBAKEY: That's right. And so we had to get all of this.. And also we had to find a better way of transporting them. You know, getting..a quicker way of getting them out. And he helped to solve that problem. He was a very able man.

SCHANKE: What was his name?

DR. DeBAKEY: I'm trying to get to it. I had it a moment ago and I should have said it then. It will come back. It will come to me before it's over with.

Anyway, he became a good friend of mine. You know, we got to know each other well. And he would come to me for help about a number of things and advice. And we got to occasionally go over to his place. And he was a member of the Metropolitan Club and so we would go there to eat and have dinner or lunch or something to talk over something. So I got to know him quite well and as a consequence..

SCHANKE: That was then the same building it is now, right?

DR. DeBAKEY: Yeah, uh-huh. The same building. As a consequence

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DR. DeBAKEY: when at the end of the war, he stayed on for a while and served in a number of capacities. I think it was under the Secretary of War for a while or Assistant Secretary of War for a while--the Army. And really persuaded me to stay on for a year after the war ended because of the difficulties of dealing with the thousands of casualties that had accumulated by that time. And the Army had to take care of them because the Veterans Administration wasn't prepared to do so. You see, they had to build up the Veterans Administration. So, Vorhees was his name.

SCHANKE: Vorhees?

DR. DeBAKEY: Vorhees.

SCHANKE: Vorhees.

DR. DeBAKEY: Vorhees. So, we..I worked with him very closely in doing this and they actually arranged for me to.. See, I had enough points to get out of the Army, but they arranged with Tulane University to let me stay for a while. That's really how I got to know the Harry Adams, because when my family went down, I moved into the Harry Adams and lived there for a while, you see. And it was through him

DR. DeBAKEY: that we got certain things like the Medical Advisory Committee to the Secretary. You know, the Armed Forces--at that time it was the Secretary of War and it later became the Armed Forces.

SCHANKE: Secretary of Defense.

DR. DeBAKEY: Secretary of Defense, I mean. And it was through him that we got this done--got a medical committee assigned and got a..

SCHANKE: He was someone who had been in and out of government for years and was able to instruct you in the finer points of bureaucratsmanship.

DR. DeBAKEY: Yes. And he was a truly fine man. He's still alive. A fine character and a great citizen. To illustrate this point, one of the young people that worked with me and under him was a man by the name of Gilbert Beebe who was a statistician primarily--an analytical statistician. Very bright boy and he really wrote most of the articles for Health. And he and I collaborated on a number of these articles and he and I both got interested in medical manpower logistic for the service. And we finally wrote a

DR. DeBAKEY: book on it, as a matter of fact. Well, he got to know Gil Beebe quite well. And when the war ended, in the mean time, I had written a letter to the Surgeon General about an idea that I had had. Well, first let me say that I had become quite interested in the Surgeon General's library because of the fact that since I did have to write so much, in a sense act as editor, I often had to look up things--and go to the library. So I got to know the library well. And I found it, I thought, a disgrace for this truly magnificent medical library, perhaps the greatest in the world, in such a terrible housing situation.

SCHANCHE: Where was it housed?

DR. DeBAKEY: It was housed on Seventeenth right next to the Smithsonian Institute.

SCHANCHE: In one of those old red buildings?

DR. DeBAKEY: In one of those old red buildings. That's right. Which had been declared unsafe and a fire hazard for years. But you see, it was in the Army. It was the Surgeon General's library. It was in the Army and it had very low priority.

DR. DeBAKEY: And they never did get enough money to do anything with it.

SCHANKE: But it was a magnificent library?

DR. DeBAKEY: Oh, absolutely. It's the greatest in the world. Greatest in the world.

Well, I had become quite interested in it. And I remember talking to the Assistant Surgeon General one time, towards the end of the war. And I said, "You know, now that the war is ended, we should do something about this library." He turned around in his chair and looked up at the wall behind him and he said, "You see that picture up there?" And it was a picture of a building--an old Grecian type building. And he said, "That was the library we were going to build after World War I." That was his attitude. It was hopeless. And I just felt that this wasn't right. That they just had to do something about it. Well, I'll come back to that story a little bit later.

But, I had written the Surgeon General a letter in which I stated that now that the war was ended that it..we should take advantage of the tremendous store of medical records

DR. DeBAKEY: that existed on literally thousands and thousands of soldiers who could be followed in the Veterans Administration. And the natural history of many diseases could be determined in a way that never would have been possible were it not for the fact that the Army had their records. So you had a base line to start with. And you could follow them. And this would be a wonderful research project. And that there should be established a Research Division in the V.A. to do this. This had never been done. So the Surgeon General thought well of the idea and sent it -- suggested that we send it to the National Research Council. And the National Research Council thought enough of it to consider it and suggested setting up a committee in the National Research Council to study this.

SCHANKE: Who was then the head of the National Research Council? That's the Research Council of the National Academy of Science?

DR. DeBAKEY: That's right. That's right.

SCHANKE: Was it [^]Danaker Bush, at the time?

DR. DeBAKEY: He may have been, yeah. He may have been. I'd have to go back to the records and check this.

SCHANKE: I can check this. This would be sometime in 1945.

DR. DeBAKEY: '45, '46. That's right.

So, and you see I had related to the National Research Council because I used to go to all the meetings as a representative of the Surgeon General. The National Research Council was very active then, advising the Surgeon General on many things. So I got to know the National Research Council officers very well--the staff.

SCHANKE: This is the staff? Yeah.

DR. DeBAKEY: Yeah. They decided that the thing to do would be to... The committee decided that the thing to do would be to have a staff to work with the committee to develop this. And so they asked that I be moved over from the Surgeon General's office to the National Research Council. And the Surgeon General released me then to go over there and I worked full time in getting that report prepared. And I got Gil Beebe to come over with me. You see. And so he took on... He was a staff.. He became a staff man at the National Research Council.

SCHANKE: Had he had a medical background before he came with the Surgeon General?

DR. DeBAKEY: No.

SCHANKE: He was strictly a statistician before then?

DR. DeBAKEY: Yes, he had worked in a kind of sociological field-- statistically in--worked for one of the foundations. A really fine, able person. I got to be very fond of him. Well, they did accept the recommendations and the committee prepared the report and recommended this be done and finally got the V.A. to accept it. And that's really how the Veterans Administration began its research program. This was the beginning of it, which subsequently proved to be of great importance to the V.A.

SCHANKE: While we're on it, how the the V.A. research program grow? Can you just sketch it very briefly?

DR. DeBAKEY: Yes, you see, they allocated funds for this purpose and made an agreement with the National Research Council to fund the agency in the National Research Council which still exists to this day. And I subsequently became a member of the committee on the Veterans' affairs--research affairs in the National Research Council. Still am a member of it.

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DR. DeBAKEY: And it has grown greatly ever since and they've done a tremendous amount of work.

SCHANCHE: What's come of it?

DR. DeBAKEY: Oh, it's..

SCHANCHE: Significant to...

DR. DeBAKEY: Oh, many things. They've done any number of studies on a number of problems and followed them for fifteen years, twenty years and have published reports on them in a number of significant things in this regard.

SCHANCHE: For example, was the first cholesterol heart study done in..

DR. DeBAKEY: No, that was not done. You see they didn't do that in the Army at that time. So they didn't have any baseline to start with--nothing to follow up.

SCHANCHE: Yeah, nothing to follow up.

DR. DeBAKEY: Nothing to follow up, exactly. Well, just to tie in again with Vorhees and Beebe. You see when Beebe was in the Army in the position he was in, he had access to all kinds of classified information, confidential and secret. In fact, Health was a confidential magazine that was published and

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DR. DeBAKEY: sometimes it was classified secret. Sometimes confidential, depending upon what was in it. So when he moved over to the V.A. he had that same accessibility, because he was still working with records, many of which were classified.

Well, you recall, at about that time that--or shortly after that--there was the McCarthy hearings and big scare on Communists and they began to really have a real witch hunt. And the character assassination by association and so on.. Well, all of a sudden, Gil Beebe gets a letter from the armed forces saying that he's no longer going to have access to this. You know, they used to do this in such a way that you didn't know what..you couldn't..

SCHANKE: You didn't know why.

DR. DeBAKEY: You didn't know why. Well, of course, this was a terrible blow to him because he couldn't continue to function. The interesting thing is that nobody really went to bat for him over there either. He called me up and told me about it. So, I got.. decided I would go to Vorhees. I called Vorhees

DR. DeBAKEY: about it and Vorhees said well he was upset and he said, "I don't understand why they would do a thing like that." But he said, "The best thing for him to do is to get a lawyer." I said, "Well, you know, he can't afford a lawyer." But I said, "If that's what you think he should do I'd be willing to help pay for a lawyer." And Vorhees said, "Well, don't worry. I'll get one that he doesn't have to pay for." And he got the best lawyer in Hous...in Washington to do the job--take it on. So they had hearings, a series of hearings. And then the final set of hearings were to be held in New York.

SCHANKE: These were administrative hearings?

DR. DeBAKEY: Yeah.

SCHANKE: Done in the Army then, huh?

DR. DeBAKEY: Yeah. Well, they have a regular kind of a court, you know.

SCHANKE: Yeah.

DR. DeBAKEY: So, the final set of hearings were going to be held in New York and we were going to testify, both Vorhees and

DR. DeBAKEY: myself. And I had to fly from New York..from Hous..
from New Orleans to New York. I was still living in
New Orleans then. And Vorhees flew from London back
to New York to testify for him. And he got him cleared.

SCHANKE: How long did this take this process?

DR. DeBAKEY: Oh, over a period of a...

SCHANKE: Was it a year?

DR. DeBAKEY: Almost. If I remember correctly it was at least six
months.

SCHANKE: Did you ever find out what the details of it were? Why
they were...

DR. DeBAKEY: Yes. Apparently there was a Communist that.. a
Com.. some fellow who was a Communist and his wife
were, or at least considered to be a Communist..that
had one time stayed in his apartment. I think stayed with
them. You know, they were friends and he didn't know
they were Communists or didn't much care, I guess.
They were friends from way back and they came to town and
they had no place to stay and they stayed with him. Somebody
apparently told them about it. You see.

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SCHANKE:

It was as slender a thread as that that they...

DR. DeBAKEY:

Yeah. Yeah. Something.. It was very similar to that.

There was no evidence, you see, of his having had any association with Communism before that. But you know in those days really it was terrible. And you know the worst part of it is it simply goes to show and I've found this experience throughout life that there are very few people who are willing to stand up, who have any courage of conviction. You know, stand up against some popular situation. I had the same experience, you know when I was supporting Medicare. You know, when they called me from the White House. I was with Larry O'Brian the other day coming on the plane. We were reminiscing about it. They called me from the White House when Kennedy wanted to get a group of doctors to show the people contrary to the A.M.A. there were some doctors who were for Medicare. See, the A.M.A. had put out this propaganda "No doctors are for Medicare." And I called friends from all over the country, you know, trying to get them to come

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DR. DeBAKEY: to the White House. Couldn't get a single one. They all had excuses or else they simply said that they..

SCHANKE: They were the ones that were committed to the cause but just didn't want to be identified with it.

DR. DeBAKEY: No. Oh, yes, they were committed to the cause. I knew that from conversations with them personally and they had said they were for it. Most of them were academicians--mostly academic physicians, but they wouldn't stand up.

SCHANKE: Because they were afraid it would ruin their careers?

DR. DeBAKEY: Yeah. Yeah.

SCHANKE: Loss of their practice.

DR. DeBAKEY: Yeah. Yeah.

SCHANKE: Well, it's not amazing. I mean, it happens.

DR. DeBAKEY: No, but I mean they don't have the courage to stand up, you see. Take for instance Beebe. No..nobody at the National Research Council had the courage..even the officials didn't have the courage to stand up for him.

SCHANKE: He was technically an employee of the Army working as a research...

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DR. DeBAKEY: No, no, no. He worked at Natio..no, no..

SCHANKE: Well, I mean Civil Service Commission.

DR. DeBAKEY: No, no.. You see the National Research Council is a sort of

SCHANKE: Quasi..

DR. DeBAKEY: Quasi. You know. It gets its money from the government and some other sources, but it's private.

SCHANKE: Well, who is security clearance? Was it the Army?

DR. DeBAKEY: The Army, yeah. Because, see he used to go to the Army records. He had to go there to get his information. It was his source. That's right.

But it demonstrates the kind of man this fellow Vorhees was.

SCHANKE: Vorhees was. Right.

DR. DeBAKEY: And then to come back to the library, when the Hoover Commission was set up, Vorhees.. Hoover asked Vorhees if he would handle the medical aspects of the Hoover Commission. And..because of his relationship with the medical thing during the war and knowing so much about it. So that's how I got in on it. When he became chairman

DR. DeBAKEY: of it, then he asked me if I would be willing to serve on the committee and to help him out. And he said, you know, "I want you to give some time to this. I need your help." So I said, "Well, I'd be glad to do it, but if you're going to need that much time, I'm going to have to get some release at home."

So Mr. Hoover wrote the President of Tulane University and got me on a sort of sabbatical or temporary leave of absence. And I worked almost full time on it. Stayed up here a great deal.

SCHANKE: Went to Washington and stayed awhile.

DR. DeBAKEY: Yeah. Uh-huh. And that medical report, you see, I virtually wrote that report. And that's how I was able to put the library in the report. And then when we were.. when we had finished drafting the report, Mr. Hoover would meet with these various ..his various lieutenants in these different areas to get them to tell him what they thought and what conclusions they'd come to. So Vorhees told me one day, "Now, Mr. Hoover wants us to have lunch with him on such-and-such a day in New York at his apartment at the

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DR. DeBAKEY: Waldorf. And I want you to come with me. We'll tell him what we have here. So, we did. And that's really how I got to know Mr. Hoover and I saw him a number of times after that.

SCHANKE: Describe the setting and Hoover at that first meeting.

DR. DeBAKEY: Well, at the first conference which was the first time I had met him personally was at his apartment at the Waldorf.

SCHANKE: Remember which floor he was on?

DR. DeBAKEY: No, I don't remember the floor, but it was on that..

SCHANKE: In the Waldorf Towers.

DR. DeBAKEY: In the Waldorf Towers, yeah. Well, you know it was about something like 39A or something like this. Anyway, when we walked in he greeted us. He was very affable and of course I was greatly impressed to meet him personally and talk with him.

SCHANKE: Was he.. At that time he was still pretty vigorous, wasn't he?

DR. DeBAKEY: Oh, yes. Oh, definitely, yes sir. He was quite vigorous and he was an impressive man. He spoke rather quietly

DR. DeBAKEY: but he spoke well. And you could see that here was a man of great character and confidence and so on in his ability. And yet, rather a humble man, in a way, many ways. He was not a.. He was.. You could see he was a kindly person. He was very affable with us, obviously very fond of Vorhees.

SCHANKE: He wasn't there to be flattered by you either?

DR. DeBAKEY: No, no. That's right. Oh, yes.

SCHANKE: Is there any anecdote from that day that illustrates anything about Hoover or the nature of the meeting?

DR. DeBAKEY: Well, yes. He turned around to Vorhees and he said which one of you wants to start first on this. And Vorhees said, "Well, I'll just sketch out a few of the things and then I'd rather have Dr. DeBakey talk about the thing. He's done most of the work and he knows more about it than anyone else." And he.. Mr. Hoover said, "Well now, I'll read the report so you don't have to give me a detailed report. I want to read the report. And I may want to talk to you again." But he said, "What I'd like for you to tell me, Dr. DeBakey, is what among the various things that

DR. DeBAKEY: you have observed, what recommendations you feel have the highest priority in terms of practical... practicality and feasibility of getting done."

And I looked at him for a while and I said, "Well, I think the one that I would give the highest priority to that I regard as feasible and practical and I regard as making the greatest contribution to the country is the establishment of a National Medical Library." Well, I didn't appreciate it at the time, but his eyes really lit up.

SCHANKE: He was a very library conscious man.

DR. DeBAKEY: He was a library conscious man, which I found out really later, you see. And he smiled and turned around to Vorhees and he said, "That's very interesting." He said, "Now, you..." He said, "Do you know that I'm very interested in the library." And I said, "Well, Mr. Hoover, I don't really know that, but I'm glad that you are." He said, "Well, young man, it pleases me greatly to know that you have that sense of importance for a library."

SCHANKE: Was this at lunch?

DR. DeBAKEY: Yeah, yeah. We'd had lunch, that's right. As a matter of fact...

SCHANKE: Was it in a formal dining room? Did he have a formal apartment?

DR. DeBAKEY: No, in his apartment, yeah.

SCHANKE: Did he have a formal sort of apartment?

DR. DeBAKEY: Well, yes.

SCHANKE: Period furniture?

DR. DeBAKEY: Oh, yes, he did and it was quite comfortable. But you could see it was a man's apartment.

And I, of course, I didn't .. I wasn't aware of this before. I hadn't done this purposefully. Had I realized it before I would have, of course. You know, I'd have taken advantage of it. It just so happened that the advantage was there and I didn't realize it and I'd already taken..

SCHANKE: Stumbled into it.

DR. DeBAKEY: Yeah, stumbled into it. And that of all the recommendations we made, that was one of the most..proved to be one of the most important because, of course, it did ultimately lead to the development of the National Medical Library.

SCHANKE: Did this illustrate to you that a person with a good cause can get into government and with some breaks find a way to see his causes through.

DR. DeBAKEY: Yeah. If you've got.. That's right. If you've got a good cause you.. I think our government is sufficiently flexible and sufficiently open to reception of a good cause. If one will persevere. Now, if you don't, you know if you're easily discouraged then you immediately start attacking the system and you become bitter about it and resentful and that's really why I don't have too much patience with many of the people who continuously attack the system. It may take time, but I think one has to recognize that it does take time to change society and to move it. And it may..philosophically, this may be the best way to do it because you can't just destroy the structure and build one immediately. You've got to have some stability in the structure so as to change it. And I know from all of my experience that they are open to attack, they are all open to a determined and continued pressure. And if your cause is a good one, you'll win support, you know, from some

DR. DeBAKEY: people who will join you in it. Now, the library was a hopeless issue. Completely hopeless issue as demonstrated by the Surgeon General himself, the Assistant Surgeon General. I got no help from any of them.

SCHANKE: Everyone had given up on it.

DR. DeBAKEY: They had all given up because, you know, World War I, ever since World War I they were unable to do anything about it. And of course the way they had.. They had made an effort. It was quickly repulsed and then they were discouraged. They didn't do anything more about it. And, of course,..but I persisted and they had an organization called Friends of the Surgeon General's Library, made up mostly of individuals who were librarians-- medical librarians. Very nice people, but very naive people who would meet about once every six months or a year and have a nice luncheon and give some talks about the historical subjects, you know. And then make some suggestions to improve or add certain things to the library.

SCHANKE: They were sort of the "cultural preservation group " for the Surgeon General's Library.

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DR. DeBAKEY: Yeah, yeah. And then bemoan the fact that they didn't have a building. And that's about it. They'd do this year after year. And shook them up tremendously at one of their meetings about '45 or '46 right after the war.

SCHANCHE: I think I read your speech.

DR. DeBAKEY: Yeah. This really shook them up. Because I made some radical departures and suggestions. And I finally, you see, came to the conclusion that it had to be brought out from under the Army. Well, then the armed forces-- the Surgeon General..

SCHANCHE: That's not so much a knock against the Army, but the fact that it's a national resource.

DR. DeBAKEY: Well, no, both. You see it's not so much a knock against the Army. The Army was proud of it--the Army medical people, but they were so low on the totem pole in the order of priorities for money that each year, you know, they would be cut out of funds. So they never could get.. They couldn't compete with warships and the planes and everything else and the buildings that were built for that purpose.

DR. DeBAKEY: And every time they would come up with a budget, even if it got included in the Administration budget, by the time it got through Congress, it was cut out. Because they would cut down the budget. This was the soft part to cut out. So I was determined that it had to be gotten out of that budget. And secondly, in order for it to compete properly it had to be..become a national resource. And it was, in actual practice. Well, the Surgeon General fought this for a while, but there was a man who was then the librarian who was a member of the regular Army who became very much interested in the library. And I talked to him and finally persuaded him of my views and he agreed with me. So he softened the.. He helped to soften the resistance from the inside.

SCHANKE: The Army's resistance.

DR. DeBAKEY: Yeah. You see. And...

SCHANKE: This is the way you need to work in kind of situation is to send out flankers. Right?

DR. DeBAKEY: Yeah. Sure. You see. Exactly. You know, you don't just take a frontal assault. And you see, I was still a consultant

DR. DeBAKEY: to the Surgeon General. And I was on good friendly terms with him and he believed in what I was trying to do. That I was not trying to sabotage the Army. That I had loyalty to the Army. They all realized this. They were all friends of mine. I'd worked with them all. You know, side by side during the war and I still continued to help them in any way I could. So that, uh, that kind, as you see that kind of persistence finally paid off because then I was able .. And you see, it's these contacts. The contact of Vorhees--got to know him well. He was in an influential position. The contact with Hoover through Vorhees. The ultimate inclusion in the recommendations of the Hoover Commission. So that once that went to Congress, they'd pick this up and then Kennedy and Senator Hill picked it up--became interested in it. Then I was called upon by their administrative staff people.

SCHANKE: This is Jack Kennedy now? As a Congressman?

DR. DeBAKEY: Yeah. Jack Kennedy. Yeah, Congressman. You see. And so we got full support for it when it went into Congress. And Lester Hill, again a sort of fortunate coincidence, being

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DR. DeBAKEY: medically oriented. The son of a surgeon who was really a kind of pioneering surgeon in Alabama.

SCHANKE: Had he at that time already sponsored the Hill-Burton Act? Or was that later?

DR. DeBAKEY: Now, that I don't know. It was very close to it. It may have been a little bit later. And I think I told.. Didn't I tell you the story about how we almost got the bill killed before the Democratic National Committee?

SCHANKE: That's the Sam Rayburn story.

DR. DeBAKEY: Yeah.

SCHANKE: You told it to me very sketchily once and I didn't have the tape on when you told me, so tell the story again.

DR. DeBAKEY: Well, what happened was that we got the bill agreed upon. And we got enough support in Congress for it. And the bill was..

SCHANKE: In both Houses.

DR. DeBAKEY: Yeah.

But in the mean time the A.M.A. got involved in it.

And Fishbein and some of his associates decided it would

DR. DeBAKEY: be much better to put this library in Chicago. So some of the Congressmen from Chicago wanted to change the bill, amend the bill to have it located in Chicago. That being a more central location. Of course the A.M.A. was interested in it because they were..

SCHANKE: Right. Their main headquarters is 535 North Deerborne Street.

DR. DeBAKEY: That's right. Exactly. Well, this put a little different kind of coloration on it and it jeopardized the bill. Now it so happened that the National Democratic Party was meeting that year about like it is now, you see. And Congress was going to get out early like they normally are.

SCHANKE: This would be '48.

DR. DeBAKEY: Yeah, something like that.

SCHANKE: Early '48. It was before the Conventions.

DR. DeBAKEY: That's right. That's right. So Redding who was an assistant to Hill called me on the phone. I had just

DR. DeBAKEY: moved to Houston. In fact, I had... Now wait a minute. No. Couldn't have been '48. Couldn't have been '48.

SCHANCHE: Well, there wasn't another Convention until '52.

DR. DeBAKEY: Well, it must have been '52. Yeah.

SCHANCHE: Because you moved to Houston in '48 or '49.

DR. DeBAKEY: Yeah, that's right. So it must have been '52. Must have been '52. And.. Yeah, I think it must have been '52. Because it was.. I remember this very well, you see. That it was just before that. And they didn't want to.. They didn't want to have the bill come up. Rayburn wouldn't let the bill come up and have a floor fight just before the Convention, or something as unimportant as that.

SCHANCHE: Yeah.

DR. DeBAKEY: You know. So, Redding called me and told me that he didn't know what they were going to do.

SCHANCHE: Who was Redding?

DR. DeBAKEY: He was one of the assistants who worked for Hill. Still.. He lives..

SCHANCHE: On Hill's committee, right?

DR. DeBAKEY: He's a.. He does.. He still does something in Washington, not in.. I don't think he works for Hill, but he's well known in Washington as one of the people who has worked with Hill. He still lives in Washington. He wrote me a very nice letter. In fact he wrote a letter.. I think the time when I was in Time magazine when I was on the cover.

SCHANKE: That time you were on the Time cover?

DR. DeBAKEY: Yeah, he wrote a letter and it was published, I think, which he talked about my relationship with the National Medical Library and how I helped to..in fact, gave me credit for the National Medical Library. Anyway, he called me and said we needed to get someone to influence Rayburn to let him bring the bill up because we were not afraid of a floor fight. We had the votes and we needed to get it out. And.. We needed to get Rayburn..persuade Rayburn to get it out. So he wanted to know if I could get somebody from Texas to persuade Rayburn--who had some influence with him. So I called a few of the people that I know in Houston and asked them--how could we get to Rayburn. And they virtually told me there was no way. Nobody in

DR. DeBAKEY: Texas had any influence with Rayburn. At least that I knew or that they knew in Houston. Well, I then recalled that I had lunch with Rayburn. Mrs. Dorothy Bredenburg was then the secretary of the National Democratic Party. And she.. Her husband had been a patient of mine and I had operated on him for an aneurysm and got to know them both very well. And so I called her. She.. On one occasion she asked me to come..you know, the next time I was in Washington. She said,'I want you to let me know because I may be there. I'm working hard on the Convention.'" and so on. And she said, "I want you to have lunch with me." And so I called her one time when I was up in Washington and she was there. And she said, "Come and join me. We're going to go to Rayburn's and have lunch in his office." That's how I got to know..

SCHANKE: First time you met Rayburn?

DR. DeBAKEY: First time I met Rayburn. So, I remembered this and I called her on the phone on a Sunday night I'll never forget. And she.. I said, "Dorothy, I hate to bother you about this,

DR. DeBAKEY: but," I said, "you know, I think you can help us. I think you could do a great service to this country."

SCHANKE: She was then in Washington?

DR. DeBAKEY: I think she.. I forgot where I tracked her down. She may have been in Alabama. She may have been in Washington. Anyway, I told her about it. Gave her the background on the library bill and so on. And I said, "All we need to do is to get Rayburn to let this bill come up." And she said, "Well, Mike, I don't know whether I can do it, but I sure will try."

And she did. And the next morning Redding called me and he said, "I don't know how you did this, but " he said, "I'm going to tell you this. Rayburn 's going to let this thing come to a vote." And that's how we got the bill.

SCHANKE: Yeah. So it was her persuasiveness with Rayburn that finally won the thing.

DR. DeBAKEY: She's a very charming lady.

SCHANKE: Is she from Alabama?

DR. DeBAKEY: Yeah. Uh-huh. Originally from Alabama and so is her husband. But she was quite active..

SCHANCHE: What kind of aneurysm did he have? An abdominal aneurysm?

DR. DeBAKEY: Yeah, an aortic aneurysm. You see, this was in the early days when..

SCHANCHE: That was still a very experimental operation.

DR. DeBAKEY: Oh, yes, yes. And he was a very wealthy man and, you know, they felt I saved his life. They were both very grateful. And he did fine.

SCHANCHE: Did you operate on him at Methodist?

DR. DeBAKEY: Uh-huh. Yeah. So it must have been '52. That's the year.

As a matter of fact, if I remember correctly, I..

SCHANCHE: You didn't have Dacron then?

DR. DeBAKEY: No, I think I was still using...may have been experimenting with Dacron a bit...but I think in most patients I was using grafts.

I'm trying to recall whether that was the year..no. What was the year that Stevenson was the nominee.

SCHANCHE: That was '52. Stevenson. Of course, Stevenson was twice. '52 and '56. But '52 was first when he was against Eisenhower.

DR. DeBAKEY: That was the year. I think that's the year.

SCHANCHE: That would be about right, it seems to me, because I was in Washington when they started building the library over at Bethesda. I lived not far from it. That wasn't until '56-'57. that they started work on it.

DR. DeBAKEY: That's right. Yeah. That's right. So it must have been '52. Because I think it was the year Stevenson was the nominee.

SCHANCHE: Right. What else, going back, that's marvelous stuff, going back again to your Army experience--what other sort of significant lessons did you learn? You got for one thing a kind of a growing, pyramiding list of influential friends.

DR. DeBAKEY: That's right, you see.

SCHANCHE: Because each one introduced you to more.

DR. DeBAKEY: Yeah, exactly. And then I got contacts with people who later assumed positions of some significance and importance, who were connected with me in the service. And I got to know them well. Who later had other jobs..
Menninger, for example. You see, Bill Menninger. Well,

DR. DeBAKEY: Well, the office makes Bill to me. And I got to know him extremely well.

SCHANKE: Will, the psychiatrist?

DR. DeBAKEY: Yeah. Yeah. Sure. Bill Menninger. And Churchill, who was the professor of surgery at Boston. Well, through him, I got to be very friendly with him and, in fact, he tried to get me to come to Boston. And I did go up there for a while as visiting professor at the Massachusetts General Hospital. And that gave me other contacts with other people there.

SCHANKE: Was he on the faculty at Harvard Medical School?

DR. DeBAKEY: Oh, yes. Uh-huh. He was one of the distinguished surgeons. He was a consultant during the war. He has just gotten out a book about some of his experiences, which I must say I didn't find as interesting as it should have been. It's not well done. I don't know why he wrote it the way he did because it's neither of interest to the medical people nor the lay people, you know. He was trying..

SCHANKE: Shoot for both.

DR. DeBAKEY: ..for both and missed them both, you see. And then during,

DR. DeBAKEY: then, you see, I had contacts in the Army with all the generals, because I stayed in the Army. I was a representative of the Surgeon General and traveled as his representative so I got the same kind of treatment that he would get when we got into the serv.. in their Armies. And I got to know them. For example..

SCHANKE: So you met people like Patton.

DR. DeBAKEY: Patton.

SCHANKE: Did you meet Bradley?

DR. DeBAKEY: Bradley, yes.

SCHANKE: Did you ever meet Eisenhower in that period?

DR. DeBAKEY: No, that was interesting, I didn't meet Eisenhower during the war, but I got to know his Surgeon General well. A man--not his Surgeon General, but his surgeon--Snyder. So when he was in.. When Eisenhower was at the White House Snyder was his doctor. And I knew Snyder well and I had access to Snyder. You know, I could call him. I used to go over there and see him, trying to get him to help us with the President's budget on health and that sort

DR. DeBAKEY: of thing, you see. These.. You see, these opened up contacts of people I got to know well, but in addition to that..

SCHANCHE: You went from a relatively provincial Louisiana surgeon to a person with contacts all over the country.

DR. DeBAKEY: Yes, that's right. Exactly. The Army made it possible really. And then, you see, I continued to serve as consultant and active. For example, I used to up and operate at Walter Reed. I was very active. I made trips for the Army in different parts.. For the first three or four or five years after the war, the Army was really kind of an infant in its establishment of quality service.

SCHANCHE: Who put you on that original War Department Medical Advisory Committee?

DR. DeBAKEY: Vorhees.

SCHANCHE: Vorhees did that?

DR. DeBAKEY: Yes. Yes. And that put me in a kind of a...

SCHANCHE: And that experience broadened even more.

DR. DeBAKEY: Sure. And also it kept me in touch with what was going on and allowed me to have some influence with what was

DR. DeBAKEY: going on. And, for example, that committee then appointed its own man, the man we recommended, as the Assistant to the Secretary of Defense for Health.

SCHANKE: That was the first Assistant Secretary for Defense.

DR. DeBAKEY: That's right. Exactly.

SCHANKE: Was it.. Yeah, you did get it in as the Secretary--as an Assistant Secretary..

DR. DeBAKEY: Yeah, he was an Assistant Secretary. Absolutely.

SCHANKE: Now Martin or what is his name -- Wilbur got that..

DR. DeBAKEY: Yeah. Frank Berry was the man that got it, that was the first one. And he was a good friend of mine from the war days. I got to know him well.

SCHANKE: He had been in the Army also.

DR. DeBAKEY: Oh, yes. Sure, he was a consultant overseas. And I spent some time with him overseas. Associated with him. Lived with him.

SCHANKE: Where was he? At one of the Army headquarters?

DR. DeBAKEY: Yeah, he was the consultant to the Third Army .

SCHANKE: Was he a colonel then?

DR. DeBAKEY: He was a colonel. Yeah. He's still living. He's retired, of course, but he lives in New York and I see him from

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DR. DeBAKEY: time to time. And I'm very fond of him. Frank Berry.

SCHANKE: You met Forrestal during that period also?

DR. DeBAKEY: Yes. Yes.

SCHANKE: In fact getting this particular job recognized.. involved meeting Forrestal, didn't it? I seem to recall reading the minutes of the meeting..

DR. DeBAKEY: Yeah, that's right.

SCHANKE: What kind of man was he to you?

DR. DeBAKEY: He was, I think, a very dedicated man, but very intense and a little confused. And I think that the impression that I had was that he wouldn't face up to the task of integrating the services. This became a big fight.

SCHANKE: Why? Because it was too complex a task or?

DR. DeBAKEY: No, because I think he was kind of schizophrenic about it. I think he wanted to integrate it and put it together and at the same time wanted to maintain identity of the services. Especially, and I think that the Navy was the one that..

SCHANKE: He had a particular fondness for.

DR. DeBAKEY: Exactly. You see. And his loyalty to the Navy and their

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DR. DeBAKEY: almost intransigent , intransigent attitude towards any change.

SCHANCHE: So that was the time they had that time they had that Op. -54 Section that Arleigh Burke ran, which was to deliberately sabotage the integration of the services.

DR. DeBAKEY: Oh, no question about it. Absolutely. Now the Navy, you know, is a kind of a country unto itself. It's an independent country, really. During the war we..you saw that. They lived differently. They lived better. And they treated their soldi..their medical people better than we did. You would go down to a Navy institution and you'd find refrigerators and even some air-conditioners and.. You go over to the Army installation and it was really the most primitive kind of set up.

SCHANCHE: Tents?

DR. DeBAKEY: Yeah. Yeah, absolutely.

SCHANCHE: I was in the Navy.

DR. DeBAKEY: You know what I mean then.

SCHANCHE: We lived a lot better.

DR. DeBAKEY: And you see they took pride in this. And I'm not critical of them. I kind of admired them, really. But they weren't about to be integrated and brought down to the level of the others and I can understand that attitude.

SCHANKE: Did they see a threat in what you were doing and that Forrestal....?

DR. DeBAKEY: Oh, yes. Oh, yes. You see, I.. They knew that I was an integrator. I.. I.. In fact, I was very radical already in their views. And in our discussions in the committee, I used to make radical proposals at that time. They were considered to be radical. One of the proposals I made was to get the medical people in the military --medical military people--completely out of the military.

SCHANKE: Just to attach them to it.

DR. DeBAKEY: Attach them and pay them. In other words, employ them. You see, for their services rendered.

SCHANKE: Increase the incentive for medical people to stay with it.

DR. DeBAKEY: That's right. Just employ them. In other words, not give them rank. You see the big difficulty with rank is that as a captain you've got..you've got the movement of rank in accordance with service time and age and so on. Well, the doctor moves differently. He doesn't move the same way the, say a first lieutenant or second lieutenant starts in the Army--gradually starts as a second lieutenant after graduation from college. You know, four years. And the doctor can't really start until four years later as a first lieutenant.

SCHANKE: Of course, now it's captain.

DR. DeBAKEY: Yeah, that's right, now it is.

SCHANKE: At that time it was as first lieutenant.

DR. DeBAKEY: The other thing is that the doctors' movement in the military is different from the movement of his counterparts in the military in relation to the civil activities. That is his civilian counterparts. You see. So it's a very much more complicated thing to integrate the doctor into the military. And yet you need the doctor's services. So, we made some very radical suggestions about this.

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DR. DeBAKEY: Secondly, we pointed out that it was really quite silly to have, for example, a Naval hospital right near by an Army hospital.

SCHANKE: You had this problem, particularly in San Francisco, didn't you?

DR. DeBAKEY: Yeah. Oh, there were a number of other places. We spotlighted all these things in our report. We had personnel in one, for example, having a neurosurgical service for example. Top-notch neurosurgery in one of them with little or nothing to do. And in the other area putting one. .putting another one with little or nothing to do. You see. One could serve them both just as easily.

SCHANKE: Yeah.

DR. DeBAKEY: But you see, the Navy didn't want that and wouldn't hear of anything like that--integrating their services.

SCHANKE: Well, the admirals and captains you met must have gone livid with rage over this.

DR. DeBAKEY: Oh, yeah. I became very unpopular. I began my.. My unpopularity began really at that time with some of the

DR. DeBAKEY: medical people. I was much too radical in their views for them. And this was shaking up the status quo too badly. I didn't realize it at the time. I wasn't trying to be unpopular. I was trying to be logical and rational and while I realized, you know, that some of these things were not in the best interest of certain individuals, I thought it was in the best interest of society and best interest for the quality of the services. But, you see, that was too much for Forrestal. He couldn't take all that.

SCHANKE: When he was subjected to this kind of pressure, everything turned on him.

DR. DeBAKEY: Yeah. Absolutely. Absolutely. And we had a committee..

SCHANKE: Do you think that's what finally drove him to suicide?
The breakdown..

DR. DeBAKEY: Well, I presume it was. I don't know. You never know because I don't know what else he had in his background or his personal problems.

SCHANKE: Did you ever see any evidences of abhorration in his behavior?

DR. DeBAKEY: No, I didn't know him that well. I didn't see that much

DR. DeBAKEY: of him so I really couldn't tell. We only saw him very occasionally and once or twice we had, I think, lunch with him in the Pentagon.

SCHANKE: Were you dealing with Eisenhower then? He was Chief of Staff of the Army, I think, at that point, wasn't he?

DR. DeBAKEY: We didn't deal with him very much. We met him occasionally and talked with him, I really didn't know him. I always felt.. I admired.. My association with Eisenhower was such as to give me the feeling he was a very kindly man who sort of took it fairly easily, you know. And wanted to sort of represent the best interests of the people in general, but wasn't going to change anything. He was not a real leader.

SCHANKE: Elmer Voak said he was lazy.

DR. DeBAKEY: Well..

SCHANKE: A lot of other people have said that too.

DR. DeBAKEY: Yeah, I think .. I don't think he was.. I think it was more than just laziness. I don't think he was a very able man. You know, my impression was he was a dull man. I.. On a few occasions when I had a chance to be around him--let's

DR. DeBAKEY: say committee members and or lunch--I found him to be extremely dull.

SCHANKE: What were these occasions?

DR. DeBAKEY: Well, they were occasions when he would host a luncheon for the committee.

SCHANKE: This was when he was Chief of Staff of the Army?

DR. DeBAKEY: That's right.

And I think, once or twice..

SCHANKE: Did he appear to be sort of indifferent or uninterested or did not know much about what you were saying?

DR. DeBAKEY: Didn't seem to know much about what we were saying and he wasn't too interested in what we were doing. And I remember when he was in the White House, I went to see him. Snyder took me there to see him about the health..in fact, Sidney Farber went with me. And.. Sidney will tell you about it. It was a funny experience. We sat down and he turned around to Snyder and asked Snyder was there anything he wanted...

END TAPE --SIDE I (A) 45 mins.

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Side II (B)

DR. DeBAKEY: Well, he turned around to Snyder and he said, "Anything I can do for you. Or what can I do?" And Snyder said, "Well, these gentlemen are interested in the research budget and hope that, perhaps you could indicate your support of it." And he turned around and he said, "Oh, well, I'm certainly for research." And he said, "You can handle this matter. Just tell them if you want to discuss it further with them you can tell me later, but I'll be glad to do anything I can." And just sort of turned us off. And he didn't want to hear what we had to say. And so Snyder took us out. He got the hint right away. We sat down and talked with Snyder for a while and he said, "I'll be sure he understands this." And there wasn't any change in the budget at all. Not a penny change. We just wasted our time going up there. But that's..

SCHANKE: You never saw his famed temper and..

DR. DeBAKEY: In him, no. No. I.. If he has a temper, why he never gave you the impression that he had because I got the general impression he couldn't be worked up that much.

SCHANCHE: Well, apparently he did really have a temper and a lot of people felt the lash of it as it exploded. The flash.

DR. DeBAKEY: Yeah, I've heard that. But he certainly didn't give the impression he was that kind of a person, you know, that he had that much vitality. That's the impression I had about him.

SCHANCHE: Under what circumstances did you meet Jack Kennedy? Now, he was in Congress; I think elected in '48. So that was at the time you were first....

DR. DeBAKEY: That's right. That's when I first met him and had a chance to see him for the first time. And my...

SCHANCHE: Do you recall the occasion?

DR. DeBAKEY: Well, we went up to.. I was with Allen, uh..oh, he used to be the head of the Rockefeller Foundation. It'll come to me a little bit later. Allen Gregg. And we went up to sort of testify before the committee. And that's when I first met him. And I was very impressed with him. He asked..

SCHANCHE: This was a sub-committee on health?

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DR. DeBAKEY: Yes, on health legislation--listing for the library.
And, I was, of course, very impressed with him as a very attractive young man who seemed quite interested in what we were doing and asked a number of questions. We responded to him.

SCHANKE: What do you suppose interested him in medicine? His own physical condition?

DR. DeBAKEY: I don't know. No. I think.. I'm not sure, I think it was just the fact that it was a medical library--national medical library. I think he was interested in that--in that concept. And he sponsored the bill--helped sponsor the bill.

SCHANKE: Was there more than one sponsor in the House? Or was he it?

DR. DeBAKEY: Yes, there were others. You know, what they do is add their names to it.

SCHANKE: Was he the principal sponsor?

DR. DeBAKEY: Yes.

SCHANKE: He was. Who wrote the bill?

DR. DeBAKEY: Well, the bill was written in..

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SCHANKE: Did you write it?

DR. DeBAKEY: Yeah, in Redding's office, I mean in Hill's office.
Redding... And I worked with Redding in writing the
bill. Yeah.

SCHANKE: What, since we're on the subject of Kennedy, carry on
with your relations with him through the years?

DR. DeBAKEY: Well, I had no more relations with him really, until the..
until he started campaigning.

SCHANKE: He didn't become an active health senator in the Senate?
He wasn't on the committee to do it.

DR. DeBAKEY: No, you see, he wasn't on the Appropriations Committee.
The Legislative Committee--wasn't much legislation
going on and that was the only time I had an occasion to be
with him. But it was after he became.. when he became..

SCHANKE: A candidate?

DR. DeBAKEY: A candidate. And the reason I got involved was because for
the first time the National Democratic Party established a
Health Advisory Committee.

SCHANKE: To the Platform Committee.

DR. DeBAKEY: To the Platform Committee. And this really was the work

DR. DeBAKEY: of Mary Lasker. She was the one that sort of needled them into doing this.

SCHANKE: How did she do it? Do you recall?

DR. DeBAKEY: Well, I think she was a long-time Democrat and a contributor. And had some influence in that regard and knows people--contacts with people. And she knew the Kennedys and some of the other people that she helped support in the Democratic Party. And she asked me to chair it. She asked me if I would chair it if they asked me to and of course I did. And that was the platform in which we made the recommendation for National Health..for Medicare and more research moneys and that sort of thing. And that's how I got branded for the first time when I came out for Medicare in this platform. And I got letters...

SCHANKE: That's when the medical profession really got mad at you, wasn't it?

DR. DeBAKEY: Oh, yes. Yeah, very strongly. And I got...

SCHANKE: Up until that time you had merely stepped on a few toes and were somewhat controversial, but you weren't the object of the A.M.A.'s total wrath.

DR. DeBAKEY: Yeah, that's right. But you know, the worse part about it was that I felt strongly that they were misinterpreting the thing. And I would argue with them about this. They... even when they had read the bill.. many of them hadn't even read the bill.. They regarded it as a road to Socialism.

SCHANKE: Yeah, the government was going to take over their practices.

DR. DeBAKEY: Take over their practices. And that.. And I made a strong plea for them to try and understand and read the bill and pointed out to them time and again that it wasn't taking over. That this was a way to get older people to be able to get medical care when now they couldn't or when they did get it, the doctor got nothing out of it. And of course, it proved to be a great boon to doctors and all the doctors who were opposed to it then realized this later. But, of course, the damage was done as far as I was concerned. I mean they branded me as being for socialistic medicine. And, of course, I never was. I've tried to point this out time and time again that I was strongly opposed to soci..you know, government control of medicine.

DR. DeBAKEY: I had opposed this in the Army. My views in the Army, radical as they were for the Army, were because of this.

SCHANCHE: To get the doctors out of the Army.

DR. DeBAKEY: Exactly. To get them out from being that kind of servants of the government. And the reason..you know, I have a different reason than they had. My reason for being opposed to the doctors running medicine is because I'd be convinced that this is the best way that you could be sure it would become mediocre. You see.

SCHANCHE: You mean the government running medicine.

DR. DeBAKEY: Yeah. No question about it in my mind. It would become mediocre. Because there's no way you can run an organization of that magnitude without it becoming mediocre. You see. The only way you can maintain quality .. And then in a sense, you see, the only way you can maintain quality is by having peaks of quality. You really don't raise the total level of quality without having the peaks. The peaks are what raises everything. But if you don't have peaks, it remains at a stable level, you see. At a lower level. That's what I call mediocrity. But if you have no room

DR. DeBAKEY: for peaks, then the quality will stay..

SCHANKE: Flatened.

DR. DeBAKEY: Flatened. You see. Because you have to raise everything up and that's just a massive job. And that's why I'm strongly opposed to the government running it. Now, that doesn't mean I don't want government support, because there's no other way to get the people's support. Now if you can figure out a better way to do it, that's fine. But there's no other way to get society supported on an equitable basis except through taxation. How do you do that without government? See. To me it's just that simple. You got to have the money. And how do you get the money? You can't force people to do something voluntarily.

SCHANKE: Basically then, you're saying that the only way you can guarantee equal access to medical care is for the government to provide the money for the access, not for the government to bring the medical care under its own wing.

DR. DeBAKEY: Yeah. No. I do think the government has to take a stand on.. a sort of accounting of the money. They can't just

DR. DeBAKEY: say, you know, pay any doctor whatever he charges. They've got to prevent abuses. So, you've got to have some guidelines. You've got to have some rules and regulations.

SCHANCHE Some controlled machinery.

DR. DeBAKEY: Exactly. Exactly. Sure, but that doesn't prevent the doctor from practicing freely. He can go anywhere he wants and practicing.. seeing who he wants. And if you have enough doctors, it'll take care of itself. Everybody will have access.

SCHANCHE: But, you don't have enough doctors?

DR. DeBAKEY: No. No. Not now.

SCHANCHE: And the government really needs to get in to finance the training of doctors.

DR. DeBAKEY: Of course, there's no other way.

SCHANCHE: Now back to where you started. We were talking about your relations with Kennedy. And you went into the Democratic Platform Committee association. When did you first see Kennedy again then after he became a candidate?

DR. DeBAKEY: Well, I saw some of the members of his staff and I saw

DR. DeBAKEY: him after the.. I didn't go to the Democratic Convention.

SCHANKE: You saw him after that?

DR. DeBAKEY: In fact, I've never been to a Convention. They just invited me to come to this one. I was just invited to the one in Miami and invited to the Plat..to appear before the Platform Committee too. I won't be able to make it unfortunately. They wanted me to be there on Saturday morning and I can't be there. But I am going to write them. But..

I really didn't..well I did meet him before. I was here in Washington, I've forgotten for what occasion, but I met him there and some of his people and I talked to some of his staff people afterwards. And, of course, once he started campaigning, I met him on one or two occasions at small gatherings. I think one time at Mary's house or on one occasion in Washington. Then after, of course, at the White House, after he became President.

SCHANKE: Well, when he became President he dropped his Medicare Bill in and then lost it sometime during the second year of his Presidency.

DR. DeBAKEY: That's right.

SCHANKE: Johnson, at the time, I recall, complained bitterly that Kennedy lost it because he didn't let him manage it through the Congress. He felt that the Kennedy forces had managed it ineptly and had really not tried hard enough to get it passed. What was your relation during this period?

DR. DeBAKEY: Well, my main relation was to try to gain public support and medical support, which I found almost impossible to do.

SCHANKE: This was the occasion when you tried to get some..

DR. DeBAKEY: They decided that it would be a good thing to have him appear on television and he did appear on television and spoke about it. In fact, he appeared in the Rose Garden at the White House grounds outside. They had all the television set up. And we stood behind him as he talked, you see. And they showed us all and introduced us. We didn't say anything, but we stood there. And that's really the only formal occasion that I had with him on the Medicare Bill. Now later, we got him to appoint--now this was sort

DR. DeBAKEY: of part of his campaign platform--a panel on heart disease, cancer, and..I guess it was just on heart disease and cancer, if I remember correctly. Some of the commission was President Johnson's. And there was a nice panel of good distinguished doctors. And we wrote a report and we went to the White House to present it to him. And it was the day of the Bay of Pigs. We sat around the White House.

SCHANKE: Where did you sit? Out in the lobby?

DR. DeBAKEY: No, no. In the..

SCHANKE: In the Cabinet Room?

DR. DeBAKEY: No, no. It's that little room on..when you go into the West Wing. You know, there's a..the front entrance there and a room where the visitors go first.

SCHANKE: Yeah, that's the big lobby where the press used to sit around.

DR. DeBAKEY: That's right. Then there's a little oval room to the right of it. And we sat in there and waited in there. Every once in a while one of his assistants would come out. I think Kenneth O'Donald came one time and explained to

DR. DeBAKEY: us that he was tied up with this crisis in Cuba and wait a while. And we waited until about two or three o'clock in the afternoon.

SCHANKE: Did you come there in the morning?

DR. DeBAKEY: Yeah, we got there about...we were supposed to have an appointment at ten o'clock. Finally, he came and said it had to be cancelled. And this was very ineptly handled. We never heard anything more about it. We never even got an acknowledgement of the report. It just kind of disappeared. Nothing happened. It was very inept. Now I saw him on a number of occasions after that. I was invited to the White House for dinners and that sort of thing, you know. Occasions. But, nothing really transpired and, of course, he was killed--assassinated. And then when Johnson took over, I began to have a closer relationship with the White House.

SCHANKE: Well, Johnson was very much weathered to Medicare even before he became President. He was sort of an impassioned partisan of it.

DR. DeBAKEY: Exactly. No question about it. And, of course, he really

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DR. DeBAKEY: saw it through and got it through.

SCHANKE: Well, did he call you to the White House after he became President?

DR. DeBAKEY: Uh-huh, yes. I met with him on one or two occasions and then..

SCHANKE: Were they in connection with his Medicare Bill?

DR. DeBAKEY: Yes.

SCHANKE: Or the Commission on Heart Disease and Cancer?

DR. DeBAKEY: Both.

SCHANKE: Of course, he made you Chairman of it.

DR. DeBAKEY: Both, but I had some.. He knew about my support of the Medicare Bill and asked me if I would be willing to help testify and that sort of thing. And, of course, I did. So, then I had occasion to work with him on that and then, in fact, I worked with him on almost all the health legislation he passed. He was very interested in health. You know, he passed more health legislation than any other President--than all of them put together.

SCHANKE: How did he go about getting his ideas in this area?

DR. DeBAKEY: They came from many different sources. He would ask the people in the Secretary of Health Department--Wilbur Cohen, particularly. He was very active in it. To draft

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DR. DeBAKEY: ideas and things of that sort. And we talked with Wilbur. I got to know Wilbur well and I'd go and see him and talk with him. Mary Lasker would go up and see him and talk with him.

SCHANKE: Wilbur Corn?

DR. DeBAKEY: Wilbur Cohen.

SCHANKE: Cohen, oh, yeah, sure.

DR. DeBAKEY: And then when we revived the heart disease - cancer idea, we got him to set up a commission. And I was asked to chair it. Getting to know him better even more. Worked with him closely on all of those things. He certainly was.. You know, I think, one of the truly great Presidents we've had. A great leader. I think he could have gone down in our time too as one of the great Presidents were it not for the Vietnam War, because his domestic legislation and policies were truly great. No question about it. And I think history will consider him one of the great Presidents in this regard, no matter what they say about the Vietnam War.

SCHANKE: Despite the failures of the Office of Economic Opportunity

SCHANKE: and various other programs?

DR. DeBAKEY: I think so. I think despite that..

SCHANKE: His War Against Poverty and...

DR. DeBAKEY: See, the impact of his health legislation is still to be felt. It's going to take twenty, twenty-five years to get the full impact of all the health legislation. It's the basis of much.. And, you see, the impact of it is dependent on the money that's put into it. To implement it.

SCHANKE: Well, what did he do? If we can tick them off? He did Medicare..

DR. DeBAKEY: Yes, well, he did Medicare and then, you see, he did the Regional Medical Programs.

SCHANKE: These were not credit for thecommission?

DR. DeBAKEY: No, no. These were things that he got passed though and it was part of his legislative program. He did.. He set up health legislative basis for a number of programs that are yet to be fully implemented. But their implementation is dependent upon funds. The Manpower--Health Manpower. Health Training. Health Education programs. Construction facilities--Health Construction facilities. Now, there are

DR. DeBAKEY: other things that were related, of course, not to medicine, but to social change in his domestic programs that I think he'll also be remembered for --in initiating and developing many of the social changes, particularly civil rights movement, you know. He'll go down in history as a great President.

SCHANKE: Right. Were your personal relations with any of these men, whom you've described rather more...than Herbert Hoover, but with Kennedy or with Johnson or with Eisenhower--- Did you ever achieve a feeling of rapport with them that there was something beyond the..a professional contact that...

DR. DeBAKEY: Well, yes, I think with Johnson I did, because I got to know both the President and Mrs. Johnson on a social basis pretty well. You know, friendly. He called me "Mike."

SCHANKE: How long ago did you first... You probably met him when he was in the Senate, didn't you?

DR. DeBAKEY: Oh, yes, I met him first in the Senate. He was in the Senate when I first met him. Exactly. But I never did

DR. DeBAKEY: get to know him well in the Senate. And I didn't have too much association with him in the Senate. He knew who I was, of course, but other than that we didn't have a great contact. And I met him when he was Vice-President. I went up to his office on a couple of occasions to make him aware of certain things that I hoped he would help us with. And he always was most gracious to me. He was very friendly with me right from the outset and, you know, treated me very kindly right from the outset.

SCHANKE: Did he ever explain to you where his feeling for Medicare came from? He once talked to me in terms of his aged mother and he tended to get quite maudlin when he discussed things like that.

DR. DeBAKEY: Well, he, yes, he.. You've got to keep in mind that his background was from a very poor family and he could recall and he could tell you stories about some members of his family--his father and mother and so on. How difficult it was to get medical care. How they couldn't afford to pay for it. And that people in that category--people who, often when they reach sixty-five or older, really don't have

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DR. DeBAKEY: any means of getting medical service. He was aware of that.

SCHANKE: Do you recall him telling a particular story?

DR. DeBAKEY: Oh, yes. Well, he.. Well I don't remember a specific story, but I do recall him telling personally his relationships and his concerns about this from a personal.. you know, personal..

SCHANKE: From his own elderly relatives.

DR. DeBAKEY: That's right. Yeah. Oh, yeah. And I think much of his domestic policies in regard to social justice came from his early experiences. He felt them very keenly, you know. Personally. And he wanted to be sure that whatever he could do would be done to correct this situation. He regarded this as a social injustice.

SCHANKE: Well, he apparently suffered from an unfortunate personality flaw, which I suppose was an over-sized ego, which is what turned most people away from him. Did this affect your relationships with him?

DR. DeBAKEY: No, no. The only time that I may have experienced this, and I made it very plain to him. I mean, I gave it right

DR. DeBAKEY: back to him, was when I was not satisfied with the budget that he had recommended for research. And I sent telegrams and I went to see and testified to increase his budget. And he sent word to me that he was really quite upset with me for doing this. So, it wasn't long before I had a chance to see him personally. Well, I sent word, because I had access to the White House, and I used to go and see his assistant, whom I got to know very well. And whenever I'd come in town I'd call up and if they were free, I'd go over there and have lunch with them in the White House. So he sent word through one of his assistants that he was displeased with me doing this.

SCHANKE: Do you recall who it was?

DR. DeBAKEY: Yes, it was.. You'd know him. He's a writer. He's written a book just recently published.

SCHANKE: Was it Bill Moyer.?

DR. DeBAKEY: No, not Bill Moyer.

SCHANKE: Tom McPherson. Tommy McPherson.

DR. DeBAKEY: No, he's originally from Alabama. His name will come to me in a minute. I haven't seen him in some time.

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DR. DeBAKEY: But he sent me a copy of his book. Just recently published a book. He's teaching now, I think. Gives some lectures or still writing in Washington. Anyway, it'll come to me .. Anyway, he sent word through him, you see. I had lunch with him at the White House. He said, "By the way, the President is rather displeased with what you did on the budget."

SCHANKE: It wasn't George Reedy, was it?

DR. DeBAKEY: No.

SCHANKE: Alright, go on with the story. I'm sorry.

DR. DeBAKEY: And, I said, "Well, why is he displeased." And he said, "Well, you're trying to break his budget." And I said, "No, I told him the same thing. I told him that I thought the budget was too low. We needed more research and medical education money." I said, "The President wants to do all of these things and he says he's passed legislation. He's indicated his support of all these activities." But I said, "You don't get them done unless you put the money into it. So even the President is not going to get what he wants done unless he puts the money into. It's just that simple. You can tell him so." And I said, "Besides

DR. DeBAKEY: you can tell him that I'm not doing anything that is not a part of our political process, which he espouses and acts upon himself." I said, "Doesn't he go to Congress and lobby for the things he wants? You tell him I'm doing the same thing that he's doing. Exactly." And he said, "Well, I'll tell him that, but I don't think he's going to like it." And I said, "Well, if he doesn't like it, then he isn't the man I think he is." I said, "I think he'll understand when you tell him."

So he did tell him. Well, it wasn't long after that when I got invited to the White House for a dinner. So I saw him at the dinner.

SCHANKE: Large dinner?

DR. DeBAKEY: Yes, you know, it was one of those dinners that he used to.. that he gave.

SCHANKE: Formal?

DR. DeBAKEY: Yeah. And.. But, he always had a chance, you know, he meets everybody and he shakes hands with them and he always has a few words to say. And he'll talk to you there. Informally. So I saw him right after that and I said, "Mr.

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DR. DeBAKEY: President, I want to tell you that..how much I appreciate your inviting me to the dinner. And it's very enjoyable." And I said, "I don't know whether you got my message or not. I understand you were displeased with what I did." He said, "I got your message." And he smiled and he was very nice, you know. He said, "Yeah, Mike, I got your message." He said, "You're getting to be a politician too."

SCHANKE: Good story. Did he restore any.. Did he put any money in the budget for this..?

DR. DeBAKEY: Well, no, none at all. He was trying to hold the budget down at that particular moment.

SCHANKE: What year was that?

DR. DeBAKEY: I've forgotten whether that was the..

SCHANKE: '65 or '66?

DR. DeBAKEY: It was about that. Around '65 or '66. No, I think it must have been... Let's see, the President's Commission Report came out in '66 or was it '64?

SCHANKE: Well you were appointed in '64 and you worked for a year and a half on that commission, so it..

DR. DeBAKEY: Well, it was about '65 or '66. Anyway, this was about '65 or '66. Well, you know, after the President's Commission Report when I went into his office to give the report after we had completed it. I went into his office and sat down with him. And gave him, you know, highpoints of the report. And I was in I guess about ten minutes. And he thought it was very good. And he said, "Now what's this going to cost me?" So I said, "To start off with, about --around 300 million dollars." He said, "My God, Mike, where are we going to get that kind of money." You know, that was his attitude. That was his remark.

SCHANKE: What did you say?

DR. DeBAKEY: I said, "Well, Mr. President, we don't have to have it all at one time." But I said, "You asked me how much it's going to cost and I just said we'd need about 300 million dollar to start with." If I remember correctly, I think I told him that we had made projections for five years and that we were talking about 300 million to start with and then an increase each year over a five year period. Or

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DR. DeBAKEY: something like that. I said, "Well, it does cost money if you want to do something about this disease." But he said, "Let's get on with the program, because it's important and we want to get on." And he made a good presentation at the formal meeting of the Commissioners, really impressed them tremendously. He's very good at that, you know. When he meets with a group--small group, he just charms them, absolutely charms them. No question about that. He has that ability and he's a genius in a small group. No question about it. Made a great impression on them. Everybody went out of there, you know, on cloud nine. You know, we were going to go out there and conquer cancer and heart disease.

SCHANKE: Like listening to the coach at half time?

DR. DeBAKEY: That's right. Yeah.

SCHANKE: Do people like Johnson, Kennedy, Hoover, any of these notable people get you aside and ask you medical questions about themselves.

DR. DeBAKEY: No.

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SCHANCHE: They don't do that?

DR. DeBAKEY: No. Very rarely you'll get a question usually about an aspect of it, rather than..not about themselves. I think they're very hesitant to ask. They know better and they wouldn't ask that kind of question.

SCHANCHE: Nobody is looking for free advice at that level?

DR. DeBAKEY: Well, I think..

SCHANCHE: Free personal advice.

DR. DeBAKEY: No. I don't ... You know when I went in originally to talk to him about the President's Commission his father had just had a stroke. He had invited me in to talk with him about it. Sort of give him a little instructions and formally accept my

SCHANCHE: Just the two of you.

DR. DeBAKEY: Yes. Well, when I got to the White House, Valente was there and he met me and he said, "The President's got someone with him right now and he isn't through yet so I want you to wait a few minutes." So I was sitting there waiting when suddenly, Valente came in and said, "You've got a long-distance urgent call from New York!" He said,

DR. DeBAKEY: "You can take it over here." So I went into this room to take it and it was the doctor calling me about the Duke of Windsor. So, he.. I talked to him for a few minutes and then made arrangements for the Duke of Windsor to come on down to Houston to be operated on. In the mean time, the President had gotten through with his appointment with whoever it was and now was waiting to see me. So, I was still on the phone, you see, and they had told him that. Valente likes to tell this story and says I'm the only person that made the President wait for an appointment. So I walked in and I was very apologetic and told him what it was about. And he said, " Well now don't worry about it. Hope it turns out alright." Something like that, you see. Very nice.

SCHANKE: To go back again to your introduction to government with the Army, you began to learn how to maneuver, really, in Washington.

DR. DeBAKEY: Yeah, that's right.

SCHANKE: And that principally is how to get the most out of the people you know. Right?

DR. DeBAKEY: Yeah. And.. For.. To achieve a certain purpose.
Yeah. That's right. Exactly.

SCHANKE: Was there a point at which you consciously realized that this was something you could do and that you worked on or was it a thing that developed more or less naturally?

DR. DeBAKEY: No, I think it developed more or less naturally. I.. That consciousness really didn't develop until very much later. And you see, the other thing is that I was busy all the time. I wasn't really examining what I was doing in the sense of learning what to do about anything. Whatever it was I was doing, I was doing it at that time. So it just evolved in the natural activities I was engaged in, you see. I was engaged in the Hoover Commission. I was working on that. And so, this gave me access to a number of things. I learned, for example, you see, up until that time, I was more or less limited in my knowledge of the government to the Army and to the National Research Council, to the Navy and Air Force in relation to what the Army was doing and the things we had to coordinate with them.

SCHANKE: You were still a specialist in military medicine.

Is that right?

DR. DeBAKEY: That's right. But one thing.. But I was thinking about these things and I was worrying about them and.. You remember I wrote an article about that time on our National Medical Resources, largely about personnel. And how we had to preserve this and use it efficiently and so on. So I was thinking about this because it was part of what I was learning. You know, of what I was doing. Now the Hoover Commission really expanded my whole horizon of government, because as you recall the charge of the Hoover Commission was to study the organization..

SCHANKE: Reorganization of the government.

DR. DeBAKEY: Reorganization of government. Now that meant for the medical services all of the government's activities in medicine. So we had to look into the Public Health Service, and what it was doing. In addition to the Army, Navy, and Air Force and the Veterans Administration and the National

DR. DeBAKEY: Institutes of Health, the National Science Foundation, and then even beyond that to other government agencies that had something to do with medicine. For example, the Department of Agriculture, you see. The Department of Labor..

SCHANKE: They all had some medicine in them.

DR. DeBAKEY: All had.. The Department of Interior. They have the Indians and the Indian hospitals and so on, you see.

SCHANKE: Yeah.

DR. DeBAKEY: This gave me a much better understanding of the magnitude of government and the many aspects of government, its organizational structure and so on. In turn, this also gave me contacts with people I would not have had any contact with before--the Public Health Service, the National Institutes of Health, Directors of the Institute and so on. In fact, I got to know quite a few of them quite well because we finally decided, and I recommended to Mr. Vorhees, that we really needed more staff help. And I was rather impressed with the quality of the people that I saw at the Public Health Service out at the National Institutes of Health.

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DR. DeBAKEY: They seemed to me to have the best people. In fact, they had, you see. And so I made recommendations to get some of them to come and join us.

SCHANKE: On the Hoover Commission.

DR. DeBAKEY: On the Hoover Commission temporarily as full-time staff. And they did. And they had people.. Now one of these people now is head of the Health Manpower Bureau-- Ken Endicott. So I got to know him very well. Another one was a man by the name of Clark who subsequently became the head of the Massachusetts General Hospital.

SCHANKE: Was he a doctor?

DR. DeBAKEY: Yeah. He was a doctor. And another one was the head of the hospital at Bethesda, the National Institutes of Health.

SCHANKE: On this first.. this was the first Hoover Commission. You were a consultant to the Commission in medicine, rather than a member of the Commission.

DR. DeBAKEY: Oh, yes, I never was a member of either one of them.

SCHANKE: You weren't? I thought you were on the second one.

DR. DeBAKEY: No. No. No, I worked.. I merely did the medical services work. The medical committee work. I was not a member

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DR. DeBAKEY: of the Commission itself.

SCHANCHE: Did you travel around the country a good bit?

DR. DeBAKEY: Oh, yes.

SCHANCHE: See people, facilities...?

DR. DeBAKEY: Oh, yes, yes, traveled quite a bit. I spent a lot of time traveling and going about and..

SCHANCHE: Learn any noteworthy lessons in the process?

DR. DeBAKEY: Well, yes, I mean, you.. What I learned essentially was that you can't really assess in Washington from reports what's going on in the field. You've got to get out there and see it--to visualize it, to understand better what you read in the reports and what the data really means.

SCHANCHE: Any noteworthy particular incidents that you recall that will illustrate this or amplify it?

DR. DeBAKEY: Well...

SCHANCHE: Because I'm sure that each agency you were studying had its own self-serving desires and what it wanted you to come out believing.

DR. DeBAKEY: Well, you take for example in the San Francisco area, they had a Navy institution. They had the Army General Hospital. They had several station hospitals around the Oakland area. And there.. When we got out there we

DR. DeBAKEY: found that.. They had the Veterans Administration Hospital. We found that much of what they were doing in these various institutions were serving their own individual needs. But when you came to the specialty needs, they.. The Navy, for example, had inadequate service for these specialty needs. The Army had better.. the better service in this regard and utilized the local professional people better, as consultants and so on. And the surrounding station hospitals were not getting any kind of this quality service. What is even more important was the fact that they were trying to serve their civilian requirements really at the expense, almost, of the medical personnel in the service, you see. In other words, they were filling their beds, keeping them full with dependents and so on, because on the basis of the policy this was feasible, legal. Because the policy was that a bed.. if a bed is available then a civilian could be cared for-- the dependents and so on, you see. So they were claiming large needs of this kind. That's why they were so full. When it came right down to it, you could have put all of

DR. DeBAKEY: their needs at that time anyway in one hospital. You see, their military needs.

SCHANKE: This wasn't the Hoover Commission, though, was it? This was your Defense Department Advisory--Medical Advisory.

DR. DeBAKEY: No, this was the Hoover Commission. Yeah, well, we had.. we had been through a little of that before --hadn't gotten anywhere. Yeah.

Then, two, you see, the data would show one thing in terms of, let's say, a specialty service. When you get out there, you would find that the quality of that service couldn't be assessed from the data. You see, the quality of the personnel, the quality of the work going on in the place, the..their esprit de corps and so on. The only way you could tell that would be to go out there and see the people and actually go and assess some of the people themselves.

SCHANKE: What other things did you get that tended to give you an overview of American medicine out of that Hoover Commission experience? What things did you get into there?

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DR. DeBAKEY: Well..

SCHANKE: I mean you got a thorough understanding and knowledge of N.I.H., I'm sure.

DR. DeBAKEY: Well, one of the.. Yes, definitely and the people in it too.

The main thing, I think, was a better understanding of the government structure really--the government organization and how to get at it.

But, aside from that, one also got some practical, you know, learned some practical lessons in human behavior and the sort of possessive attitude of people about their own activities--and their protective attitude. You see, you often think of the A.M.A., for example, as protecting its self interests. You don't realize that this is really just human behavior, because you find the same damn thing in government and the same kind of people. They're doing exactly the same thing. They're protecting their little boundaries and even though you could do what they're doing much more efficiently by eliminating what they're doing and putting it in a different area, they will protect...

SCHANCHE: They don't want to be eliminated.

DR. DeBAKEY: That's right, they don't want to be eliminated and they regard themselves as essential to that activity--regard the way they're doing it essential. They refused to be moved out of there. They want to remain there. So you have great difficulty in, let's say, creating more efficiency in government.

SCHANCHE: Do you have any particular example that you can recall of an agency--the people in it who reacted that way and, you know, an anecdotal story?

DR. DeBAKEY: Well, yes, I think the Public Health Service is a good example of that in terms of its hospitals. You see the Public Health Service hospitals are largely a subsidy to the shipping industry in this country. Now they were originally set up--you see, they're the oldest of the government agencies--it was originally set up to take care of the maritime people--the shipping... And it's a..

SCHANCHE: A seaman's hospital.

DR. DeBAKEY: A seasman's hospital. Well, there is no real need for

DR. DeBAKEY: this today, because the seamen have a union. They have all the employed benefits of the union. They have hospitalization benefits and so on. And there is no need to have a hosp...I mean, a government agency supporting them. They could just as well go to any private hospital to be cared for.

SCHANKE: That's something I don't understand. Are there still Public Health Service hospitals functioning almost exclusively on behalf of maritime people?

DR. DeBAKEY: Exclusively.

SCHANKE: Where are they?

DR. DeBAKEY: Oh, there's one in Galveston. There's one in New Orleans. There's one in New York. There's one, I think, in Washington or port cities or Philadelphia somewhere around in that area. San Francisco. Yes, you know, you remember the threat Nixon had of closing them and how their strong lobby in Congress and elsewhere..?

SCHANKE: Yeah, yeah.

DR. DeBAKEY: Sure. Couldn't close them. Eisenhower, I think, tried.

SCHANKE: What did you try to do on the Hoover Commission?

DR. DeBAKEY: We tried to close them.

SCHANKE: What kinds of personal infighting took place?

DR. DeBAKEY: Well, the Public Health Service has a very strong lobby in Congress and in the government. And you see..

SCHANKE: Is this principally the maritime lobby that works on their behalf or..?

DR. DeBAKEY: No, I don't think that..it is quite that strong in the maritime lobby. I think that the maritime people would be willing to do it any other way. But, Congress is the one that really, there again...

SCHANKE: What is forced into the pork barrel.

DR. DeBAKEY: That's right. That's another example of what you find out about the protective..the protectiveness of people in Congress, you see. So that they'll protect their own. It's alright to close the Public Health hospital in Galveston, but not in New Orleans. The same is true of the V.F.W. Administration hospitals. I don't know why they built some of them. This..the hospital that Rayburn built--the

DR. DeBAKEY: Veterans Administration Hospital that he built in his own hometown, you know, that's a beautiful example of it.

SCHANKE: What's the name of that town?

DR. DeBAKEY: I'm trying to remember. Temple. It's a little town. I forget...

SCHANKE: I'll look it up.

DR. DeBAKEY: But, this is what you ran into. Well, I learned.. You know, I had to learn all of this the hard way. And this was a great experience in finding out about this.

SCHANKE: Did the Commission Report recommend the abolishment of these Public Health Service hospitals?

DR. DeBAKEY: Yes, what they.. I've forgotten the exact recommendation, but it was in.. It was to consolidate their activities and to make available to the seamen, you know, either as a subsidy--the shipping people, concern--or as an insurance program for seamen. So that a seaman would have available to him the same thing, but not necessarily maintain a hospital for that purpose.

SCHANCHE: A full-time government hospital.

DR. DeBAKEY: Yes, we tried. You see, if you look at the general thesis and philosophy in the Hoover Commission, you'll see that we were not only trying reorganization and for more efficiency in government, but also for removing out of government activities that were not essential to government. This was the general philosophy, which all of us agreed with. And everybody that worked in it agreed with this, including some of the staff people we had from the government working with us.

SCHANCHE: Yeah, from the Public Health Service.

DR. DeBAKEY: From the Public Health Service. Yeah, they agreed with this general philosophy. Now that is not to say that you can always prove that putting an activity outside of government is more efficient. But, even if it's not more efficient--even if it's just on a equally efficient--we felt it was better to be outside of government.

SCHANCHE: More desirable to be private.

DR. DeBAKEY: Exactly. And this was the general thesis that you'll find throughout the...at least, I think throughout the Hoover

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DR. DeBAKEY: Commission, but also throughout the medical services activities and then deliberations. I don't know that everyone would agree with that philosophically, but we found general unanimity. But even with some of the people in--now the only place that you would find objection to that is in the.. say an operational agency in government. They didn't want to be taken out.

SCHANKE: It was wherever the ox was gored you found the objection. Right?

DR. DeBAKEY: That's right. That's right. But, that.. Some of the people in that agency would agree with you that others had to be taken out, you see. So that there was this general philosophy but there was always this selfish motive that came into being, when you got down to the actual activity relating to individuals that would be effected by it. And, you know, it was an interesting commentary on human behavior.

SCHANKE: Human nature.

DR. DeBAKEY: Yeah.

END TAPE #6- SIDE II (B)